CHAPTER 1
SECTION 2.2

OFFICE VISITS WITH SURGERY (TRICARE CLAIMCHECK)

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I. APPLICABILITY

THE USE OF TRICARE CLAIMCHECK FOR THE REIMBURSEMENT OF OFFICE VISITS WITH SURGERY IS MANDATORY FOR THE CURRENT MANAGED CARE CONTRACTS AND UNTIL THOSE CONTRACTS EXPIRE.

II. CPT[1] PROCEDURE CODE RANGE

99201 - 99215

III. DESCRIPTION

When surgery is performed at the time of the office visit.

IV. POLICY

A. When a surgical procedure is performed at the time of an office visit, both the office visit and the surgical procedure are covered when modifier 25 is used as the basis for this situation (indicates that the patient's condition required a significant, separately identifiable Evaluation and Management (E/M) service above and beyond the usual preoperative and postoperative care associated with the procedure that was performed). If the modifier is not used, the charge for the office visit is to be denied.

B. A follow-up visit performed during the post operative period for the surgery as defined by TRICARE Claimcheck (this does not include the date the surgery is performed) is not covered unless it was required for a separate diagnosis when modifier 24 is used as the basis for this situation. If the modifier is not used, the charge for the follow-up visit is to be denied.

C. Contractors are to continue to implement the reimbursement provisions as found in TRICARE Reimbursement Manual, Chapter 1, Section 16 concerning inclusion of post-operative care and follow-up visits as part of the global package. TRICARE Claimcheck

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policy (Chapter 11, Section 14.1) establishes how these are to be included based on 90 days for major procedures and 10 days for minor procedures.

1. All evaluation and management (E/M) services billed within the pre- and post-operative limits are denied as included in the surgical procedure. Exceptions to this are:

a. The surgical procedure is a "starred" CPT[2] procedure and the E/M service is for a new patient (as opposed to established);

b. The starred procedure is CPT[2] procedure code 36415 (routine venipuncture or finger/heel/ear stick for collection of specimen(s)); or

c. The E/M services are for initial consultations (CPT[2] procedure codes 99241-99245, 99251-99255) when billed with any surgical procedure done on the same day of service.

2. E/M services are denied when billed with certain non-surgical procedures. These non-surgical procedures are CPT[2] procedure codes 77750-77799, 90935-90947, 94010-94772, and 95115-95180. These codes include routine E/M services.

V. EFFECTIVE DATE

Upon implementation of TRICARE Claimcheck and only for claims subject to TRICARE Claimcheck.

- END -

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